Received: 1/24/96; 3:18PM; FLASHFAX → SOLOMON & NIELSON; #2

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEB 4 3 42 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Plumbers & Steamfitters Local #486

ADDRESS (number and street) ☐ Check if different than previously reported
7830 Philadelphia Road

CITY, STATE and ZIP CODE
Baltimore, Maryland 21237

2. FEC IDENTIFICATION NUMBER
C-00228585

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☒ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7-1-95 through 12-31-95		
6. (a) Cash on Hand January 1, 19 95		$ 4297.62
(b) Cash on Hand at Beginning of Reporting Period	$ 6946.29	
(c) Total Receipts (from Line 18)	$ 5456.43	$ 9704.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 12402.72	$ 14002.42
7. Total Disbursements (from Line 30)	$ 207.79	$ 1807.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 12194.93	$ 12194.93
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Clifton C. Keller

Signature of Treasurer
Clifton C. Keller

Date
1/31/96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

9 5 0 3 0 2 7 4 3 0 7

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 11 (A) ii

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Plumbers and Steamfitters Local #486

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code: Members who have signed authorization cards to contribute 2¢ per hrs. worked to LU #486 via check-off. Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Contractor signatory to bargining agreement with LU #486. Occupation: Aggregate Year-to-Date $ 4417.65	8/1/95	230.47
B. Full Name, Mailing Address and ZIP Code: " Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: " Occupation: Aggregate Year-to-Date $ 6088.00	8/9/95	1670.35
C. Full Name, Mailing Address and ZIP Code: " Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: " Occupation: Aggregate Year-to-Date $ 7928.62	9/6/95	1840.62
D. Full Name, Mailing Address and ZIP Code: " Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: " Occupation: Aggregate Year-to-Date $ 9484.99	11/10/95	1556.37
E. Full Name, Mailing Address and ZIP Code: Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code: Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code: Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	5297.81
TOTAL This Period (last page this line number only)	5297.81

9 6 0 3 0 2 7 4 3 0 8

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Plumbers & Steamfitters Local #486

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Signet Bank 7 St. Paul Street Baltimore, MD 21202 Receipt For: [ ] Primary [ ] General [X] Other (specify): Interest	Occupation	7/17/95	18.20
	Aggregate Year-to-Date $ 79.39		
B. " Receipt For: [ ] Primary [ ] General [X] Other (specify): Interest	Occupation	8/15/95	21.99
	Aggregate Year-to-Date $ 101.38		
C. " Receipt For: [ ] Primary [ ] General [X] Other (specify): Interest	Occupation	9/15/95	25.95
	Aggregate Year-to-Date $ 127.33		
D. " Receipt For: [ ] Primary [ ] General [X] Other (specify): Interest	Occupation	10/16/95	28.74
	Aggregate Year-to-Date $ 156.07		
E. " Receipt For: [ ] Primary [ ] General [X] Other (specify): Interest	Occupation	11/15/95	30.68
	Aggregate Year-to-Date $ 186.75 ~~219.01~~		
F. " Receipt For: [ ] Primary [ ] General [X] Other (specify): Interest	Occupation	12/15/96	33.06
	Aggregate Year-to-Date $ 219.81		
G. Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) 158.62

TOTAL This Period (last page this line number only) 158.62

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

Plumbers and Steamfitters Local #486

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Signet Bank 7 St. Paul Street Baltimore, MD 21202	Service Charge Disbursement for: [ ] Primary [ ] General [X] Other (specify)	7/17/95	1.19
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"	" Disbursement for: [ ] Primary [ ] General [X] Other (specify)	8/15/95	1.11
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"	" Disbursement for: [ ] Primary [ ] General [X] Other (specify)	9/15/95	1.59
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"	" Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/16/95	1.80
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"	" Disbursement for: [ ] Primary [ ] General [X] Other (specify)	11/15/95	1.68
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"	" Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/15/95	.42
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 7.79

TOTAL This Period (last page this line number only) 7.79

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Plumbers and Steamfitters Local #486

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Solomon and Nislow, P.A. One North Charles St. Suite 1100 Baltimore, MD 21201-3719	Accounting Fees Disbursement for: [ ] Primary [ ] General [X] Other (specify)	10/3/95	200.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	200.00
TOTAL This Period (last page this line number only)	200.00

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 1-31-96
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

PREPARER: [illegible]

DATE PREPARED: 2-4-96

FEC FORM 70-2 (12/92)

9 6 0 3 0 2 7 6 5 1 2